

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAY 19 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 03000055124

1. Corporation Name

Krell Industries Inc.

800156160248  
05/19/09--01023--002 \*\*600.00

REINSTATEMENT 06-09

2. Principal Office Address - No P.O. Box #

1101-1 Old St. Augustine Road

Suite, Apt. #, etc.

Ste 45

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

FL 32257

Zip

32257

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5/2003

5. FEI Number

42-1591749

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Barbara Cockrell

Street Address (P.O. Box Number is Not Acceptable)

5171 Julington Forest Lane

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32258

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Barbara Cockrell

Date 3-30-09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles  | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|---------|--------------------------------------|---|--------------------|
| Pres    | E. Leon Cockrell                     | 5171 Julington Forest Ln                          | Jacksonville, FL   |
| V.P.T.S | Barbara Cockrell                     | 5171 Julington Forest Lane                        | Jacksonville, FL   |
|         |                                      |   |                    |
|         |                                      |   |                    |
|         |                                      |   |                    |
|         |                                      |   |                    |
|         |                                      |   |                    |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Barbara Cockrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-09

Date

904-268-4999

Daytime Phone #